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SECRETARY OF STATE

MULT COMMES

COVER LETTER

Division of Corporations		
SUBJECT: Emily Tafi	Theor Inited Liability Company	Design
The enclosed Articles of Organization and fee(s) at	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Em	Name of Person	
Enily-	Taft Inte	nor Design
	runi/Company	, 0
122	10 Seagras	e lane
	Address	
Vero	Beach, Fl	_32963
emily@e	City/State and Zip Code	+design.con
For further information concerning this matter, plea	()	········
Emily Taft at (336, 655-	3 800 lephone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\text{Certificate of Status}	Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
ARTICLE II - Address:	C+ Interior Design, LLC ited Liability Company, "L.L.C.," or "LLC."
The mailing address and street address of the princip Principal Office Address:	Mailing Address:
910 Seggrape Lane Vero Bleadh, FL 329	
another business entity with an active Florida registr	own Registered Agent. You must designate an individual or ration.)
The name and the Florida street address of the regist	Taft ASSEE
Florida street address (P.O. City	pox NoT acceptable) FL 32963 FL 32963
Haring bear and a section I am at a day	at naming of manager for the above stated limited linkility command at

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
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	TAR SS
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ective date is listed, the date must be specific	ing: (OPTIONAL) and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date of fili ective date is listed, the date must be specific of filing.)	
EV: Effective date, if other than the date of fili ective date is listed, the date must be specific of filing.)	and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date of filifective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.028 constitutes an affirmation under the I am aware that any false information	and cannot be more than five business days prior to or 90 or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State
E V: Effective date, if other than the date of filing. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.028 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as provided the section of t	and cannot be more than five business days prior to or 90 or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State

Page 2 of 2